This workplace injury, illness and incident report form replaces all previous versions of the forms and is to be used to report any workplace injury, illness or incident which occurs in the Virtual Warehouse workplace or which arise as a result of the Virtual Warehouse's work activities. This record is required by Section 53 of the Workplace Health & Safety Regulation 1997.

The form is designed to be used in any situation where a work-related injury, illness or incident has occurred - involving employees, staff, visitors, or contractors. In the case of fatalities, serious bodily injury, work-caused illness or a dangerous event, after completing any emergency action required, details of the accident must be provided without delay to the Virtual Warehouse Occupational Health and Safety Representative.

Please be sure to provide a contact phone number and address of the person injured or involved. If the person has not yet returned to work at the time of completion of the form, be sure to advise the Occupational Health & Safety Unit upon return to work.

An accident, injury and incident report comprises two sheets (Sheet 1 & Sheet 2)

Sheet 1
is to be filled out by the person injured or involved (or a person acting on their behalf) and returned without delay to the Virtual Warehouse Occupational Health and Safety Representative within 7 days of the injury or incident.

Sheet 2 is to be completed as follows -
Sections 1&2 relate to slips, trips or fall injuries and are to be filled out by the person injured or involved. Sections 3&4 to be filled out by the supervisor and Section 5 is to be filled out by the Supervisor in order to:

- provide additional information required
- identify necessary corrective action, and
- request any additional resources or assistance required to undertake this corrective action.

Where workplace health and safety officers have been appointed, the officer concerned should be advised of the incident and consulted where necessary. The completed sheets should be returned to the Virtual Warehouse Occupational Health and Safety Representative as soon as possible thereafter.

Workers Compensation

This form does not replace the need for employees injured at work or with a work-related illness to complete a worker's compensation claim, which should be forwarded to the Payroll section.

Reporting of hazards:

Hazards, if not corrected, can lead to accidents involving injury and damage. Property & Facilities should be contacted for problems or hazards in areas where corrective action can be taken by them. This is particularly important for urgent work requests that do not require OH&S input. The OH&S Unit's hazard report form is designed to facilitate speedy rectification of problems. It is intended to supplement rather than replace the Property & Facilities work order system. Copies of the OH&S Unit's hazard report form can be obtained from the Property & Facilities Unit.
• Use this form to report any workplace accident, injury, incident or illness.
• For urgent accident investigation, ie in the case of serious injury or dangerous occurrence, phone the Virtual Warehouse Occupational Health and Safety Representative after completing any emergency action required.
• Return completed forms to - Virtual Warehouse Occupational Health and Safety Representative
• If a Workers’ Compensation report or claim is to be made, a separate Workers’ Compensation claim form should be completed and returned to Payroll.

Details of person injured or involved (to be filled in by person injured/involved if possible)

Name: ____________________________ Date of birth: __/__/____ Sex: M □  F □

Event details

Date of event __/__/____ Time of event ______ am/pm Activity at time of event: □ on duty □ meal/break □ travel to/from work □ other

Place of event

Room ____________________________ Building ____________________________

Description of events (Describe tasks being performed and list sequence of events)

• Attach further information overleaf if space insufficient with sketches and photographs, plus information from witnesses if applicable.

Injury details

☐ Amputation
☐ Asphyxiation
☐ Bruising or crushing
☐ Burn or scald
☐ Concussion
☐ Cut or open wound
☐ Dislocation
☐ Exposure
☐ Foreign body
☐ Fracture
☐ Heart or circulatory condition
☐ Infectious disease
☐ Inhalation
☐ Internal injury
☐ Nervous system injury or disorder
☐ Poisoning
☐ Puncture
☐ Respiratory/(inhalation)
☐ Skin disorder
☐ Sprain or strain
☐ Other (specify)

Agent of damage

☐ Animal or insect
☐ Biological
☐ Chemical
☐ Electricity
☐ Equipment or tool - powered/not powered
☐ Explosion or implosion (pressure)
☐ Muscular effort single event/repetitive/postural
☐ Noise
☐ Psychological
☐ Radiation
☐ Slip, trip or fall (see white sheet)
☐ Stepping on or striking against object
☐ Struck by falling or moving object
☐ Thermal (heat or cold)
☐ Vehicle
☐ Vibration
☐ Other (specify)

Body part (please mark the injured)

FRONT
☐ Teeth
☐ Brain
☐ Organ (specify)

REAR

Medical treatment obtained

☐ Nil
☐ First aid
☐ Doctor
☐ Hospital casualty
☐ Hospital admitted
☐ Other

Outcome for injured person:

Time lost from work ______ days ______ hours Not yet returned to work □ (please advise OH&S on return to work)

Signature of person injured or involved ____________________________ Date __/__/____ Contact tel. ____________________________

continued overleaf
ACCIDENT, INJURY AND INCIDENT REPORT (continued)
Sheet 2

Additional information about the incident and corrective action required:

**Section 1 to be filled out by the person injured or involved:**

1) If 'slip, trip or fall' involved, provide additional detail:

<table>
<thead>
<tr>
<th>Slip/fall</th>
<th>Slip/fall along the ground</th>
<th>Condition of walking surface</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slip/fall on stairs or sloping surface</td>
<td>Type and condition of footwear</td>
<td></td>
</tr>
<tr>
<td>Fall from a height</td>
<td>What was being done at the time of the accident</td>
<td></td>
</tr>
</tbody>
</table>

**Sections 2&3 to be filled out by the supervisor:**

2) Information about personal protective equipment (PPE)

<table>
<thead>
<tr>
<th>Should PPE have been worn during the task being undertaken at the time of the incident?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was it available?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Was it being worn/used?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Type of PPE required: ..........................................................................................................

3) Corrective action recommended by supervisor and action taken:

<table>
<thead>
<tr>
<th>Changes to work environment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifications or repairs to machinery, equipment or tools:</td>
</tr>
<tr>
<td>Changes to work practices/job design:</td>
</tr>
<tr>
<td>Personal protective equipment (additional or changes)</td>
</tr>
<tr>
<td>Additional Training:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION TAKEN</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Supervisor ..............................................(please print name) .............................................Date........

**Section 4 to be filled out by Head of Section:**

4) Difficulties in implementing the corrective action recommended above and additional resources or assistance required to implement them:

Signature of Supervisor: ............................................................................................................Date........

*Return this form to the Occupational Health & Safety Unit*